

ANDERSON EXHIBIT 6I

CIVIL ACTION NO. 00 CV10698 MEL

Defendant GENEVA DIPHENOXYLATE/ATROPINE (LONOX) Tablets 1000's 00781-1262-10						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost <u>Contract Price</u>	Invoice Price to Wholesaler
1993	\$16.85	\$15.95	\$16.85			
1994	\$24.90	\$24.90	\$24.90			
1995	\$24.90	\$24.90	\$46.30			
1996	\$46.30	\$46.30	\$53.96 \$64.75			
1997	\$64.75		\$72.52 \$378.28			\$315.25
1998	\$378.28		\$378.28	\$316.65	\$30.00	\$252.20
1999	\$378.28		\$378.28	\$316.65		\$252.20
2000	\$420.78		\$420.78	\$316.65	\$231.71	\$265.44
2001	\$420.78		\$420.78	\$316.65	\$231.71	\$265.44
2002	\$420.78		\$420.78		\$62.51	\$265.44
2003	\$420.78		\$420.78	\$282.46	\$62.51	\$273.03

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.

Defendant GENEVA ISOSORBIDE DINITRATE 10 mg Tablets 1000's 00781-1556-10						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan AWP	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost <u>Contract Price</u>	Invoice Price to Wholesaler
1993	\$19.25	\$19.25	\$19.25			
1994	\$19.25	\$19.25	\$19.25			\$7.44
1995	\$19.25	\$19.25	\$19.25		\$5.59	\$5.95

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Defendant: GENEVA ISOSORBIDE DINITRATE 40 mg Tablets, 1000's 00781-1556-10						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan AWP	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost <u>Contract Price</u>	Invoice Price to Wholesaler
1996	\$19.25	\$19.25	\$24.06		\$3.93	\$6.26
1997	\$24.06		\$27.50		\$3.93	\$5.99
1998	\$27.50		\$27.50		\$3.93	\$6.30
1999	\$27.50		\$36.51			\$8.41
2000	\$36.53		\$36.53	\$8.94	\$7.63	\$8.41
2001	\$36.57		\$37.24	\$14.31	\$10.22	\$13.45
2002	\$37.24		\$37.24		\$9.70	\$13.45
2003	\$146.02		\$146.02	\$81.82		\$79.09

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.

Defendant: GENEVA NORTRIPTYLINE 25 mg Caps, 500's 00781-2631-05						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan AWP	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost <u>Contract Price</u>	Invoice Price to Wholesaler
1994	\$342.22	\$342.22	\$377.80			\$150.96
1995	\$377.89	\$377.80	\$377.80		\$70.74	\$94.84
1996	\$377.89	\$377.89	\$377.79		\$43.75	\$69.24

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Defendant GENEVA NORTRIPTYLINE 25 mg Caps. 500 00781-2631-05						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan AWP	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost Contract Price	Invoice Price to Wholesaler
1997	\$377.79		\$377.79			\$26.76
1998	\$377.79		\$377.79	\$33.65		\$28.16
1999	\$377.79		\$377.79	\$33.65		\$28.16
2000	\$377.79		\$377.79	\$33.65	\$25.82	\$28.16
2001	\$377.79		\$377.79	\$29.97	\$25.82	\$28.16

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.

223. As a result of GENEVA'S actions as alleged herein, the UNITED STATES has sustained damages, and GENEVA is liable to the United States for civil penalties and treble damages as provided by the False Claims Act.

SECTION NO. 23
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
GLAXO AS TO MEDICARE AND MEDICAID

224. From on or before December 31, 1995 and continuing through the present date, GLAXO knowingly caused Medicare/Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false

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records or statements to get such false or fraudulent claims paid or approved. As a result of the said actions of GLAXO and those persons and entities acting directly or indirectly in concert with GLAXO, Medicare/Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by GLAXO that caused Medicare/Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section, which GLAXO knew would be utilized by Medicare/Medicaid in paying or approving claims for such drugs and using the inflated Spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of GLAXO's representations was utilized by Medicare/Medicaid in paying or approving claims for the drugs, including those specified in this Section.

225. During the entire period of time specified in this section, GLAXO knowingly caused its false or fraudulent price and cost representations to be reported by Red Book, Blue Book and First DataBank's Automated Services and Medispan and further made or used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to the Medicare/Medicaid. GLAXO made and/or caused to be made approximately 51,748 false statements in the form of false or fraudulent price and costs representations to the state Medicaid Programs and the Medicare Program.

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226. By way of example, GLAXO's price and cost representations for certain of the drugs in question, as reported by GLAXO are shown in the following chart. In comparison, the amount listed under the Relator's Cost column reflects the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the Spread on the drugs was correspondingly greater than the Spread on the same drugs available to the Relator. A listing of drugs with respect to which GLAXO knowingly caused Medicare/Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibits "1"** (Medicaid) and **"2"** (Medicare/Medicaid) attached hereto.

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Protonix 500 NAVELBINE 10 mg/ml 1 ml 00173-0656-01 HGPCS J9093					
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	<u>Relator's Cost</u> <u>Contract Price</u>	Invoice Price to Wholesaler
1995	\$46.88	\$45.00			\$37.50
1996	\$49.18	\$47.21	\$56.55 Oct \$49.18 Jan		\$39.34
1997	\$56.55		\$64.71	\$51.25	\$51.77
1998	\$66.35		\$66.35	\$51.25	\$53.08
1999	\$69.72 Feb \$72.63 Aug		\$69.72 Jan \$76.30 Oct.	\$51.25	\$63.58
2000	\$79.48		\$80.11	\$51.25	\$71.10
2001	\$83.45 Jan \$95.50 May		\$91.68	\$62.94 Jan \$66.09 May	\$81.31
2002	\$104.51		\$104.51	\$82.77	\$89.04
2003	\$119.53		\$119.53	\$90.56	\$95.62

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Defendant: CLAYCO NAME: ELBINE 10 mg/ml 5 ml 00173-0656-44 HCPGS J9093					
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	Relator's Cost <u>Contract</u> Price	Invoice Price to Wholesaler
1995	\$234.38	\$225.00			\$187.50
1996	\$245.86	\$236.03	\$282.74 Oct. \$245.86 Jan		\$196.69
1997	\$282.74		\$323.56	\$256.26	\$258.85
1998	\$331.78		\$331.78	\$256.26	\$265.42
1999	\$348.58-Feb \$363.10-Aug		\$381.48 Oct. \$348.58 Jan	\$256.26	\$317.90
2000	\$397.38		\$400.56	\$256.26	\$338.56
2001	\$417.25-Jan \$477.50-May		\$458.40	\$351.94	\$406.83
2002	\$522.58		\$571.90 Sept. \$522.58 Jan	\$418.02	\$445.23
2003	\$573.73		\$597.64	\$452.94	\$478.11

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Defendant GLAXO ZANTAC 25 mg/ml 2ml 00173-0362-38 HCPCS J2780					
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost <u>Contract Price</u>	Invoice Price to Wholesaler
1993	\$39.91	\$39.91			
1994	\$39.91	\$39.91			\$39.91
1995	\$39.91	\$39.91			\$33.26
1996	\$39.91	\$39.91			\$33.26
1997	\$39.91		\$33.93	\$9.20	\$33.26
1998	\$39.91		\$33.93	\$9.20	\$33.26
1999	\$39.91		\$33.93	\$9.20	\$33.26
2000	\$39.91		\$33.93	\$9.20	\$35.42
2001	\$39.91		\$33.93	\$9.80	\$35.42
2002	\$39.91			\$19.15	\$35.42
2003	\$39.91		\$33.92		\$33.26

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.

227. As a result of GLAXO's actions alleged herein, the UNITED STATES has sustained damages, and GLAXO is liable to the United States for civil penalties and treble damages as provided by False Claims Act.

**SECTION NO. 24
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
HOECHST AS TO MEDICARE AND MEDICAID**

228. From on or before December 31, 1999 and continuing through the present date, HOECHST knowingly caused Medicare/Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false records or statements to get such false or fraudulent claims paid or approved. As a result of the said actions of HOECHST and those persons and entities acting directly or indirectly in concert with HOECHST, Medicare/Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by HOECHST that caused Medicare/Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section, which HOECHST knew would be utilized by Medicare/Medicaid in paying or approving claims for such drugs and using the inflated Spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of HOECHST's representations was utilized by Medicare/Medicaid in paying or approving claims for the drugs, including those specified in this Section.

229. During the entire period of time specified in this section, HOECHST knowingly caused its false or fraudulent price and cost representations to be reported by Red Book, Blue Book and First DataBank's Automated Services and Medispan and further made or

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used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to the Medicare/Medicaid. HOECHST made and/or caused to be made approximately 23,729 false statements in the form of false or fraudulent price and costs representations to the state Medicaid Programs and the Medicare Program.

230. By way of example, HOECHST's price and cost representations for certain of the drugs in question, as reported by HOECHST are shown in the following chart. In comparison, the amount listed under the Relator's Cost column reflects the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the Spread on the drugs was correspondingly greater than the Spread on the same drugs available to the Relator. A listing of drugs with respect to which HOECHST knowingly caused Medicare/Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibits "1"** (Medicaid) **and "2"** (Medicare/Medicaid) attached hereto.

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DOLOSETRON (ANZEMET) 50 mg Tablets, 10s 00088-1202-43 HCPCS Q0180 S0174					
Year	False "AWP" Reported Through Red Book	Medispan "AWP"	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost Contract Price	Invoice Price to Wholesaler
1998	\$498.00	\$498.00			
1999	\$517.92	\$517.92	\$440.23	\$340.30	\$431.60
2000	\$517.92	\$553.14	\$470.17	\$362.42	\$490.91
2001	\$553.14	\$575.27	\$470.17	\$318.22	\$490.91
2002	\$575.27	\$575.27		\$298.80	\$510.55
2003	\$575.27	\$575.27	\$488.98	\$298.80	\$479.39
2004	\$575.27	\$575.27		\$298.80	\$484.19

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.

231. As a result of HOECHST's actions alleged herein, the UNITED STATES has sustained damages, and HOECHST is liable to the United States for civil penalties and treble damages as provided by False Claims Act.

**SECTION NO. 25
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
MAJOR AS TO MEDICARE AND MEDICAID**

232. From on or before August 1, 1995 and continuing through the present date, MAJOR knowingly caused Medicare/Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false

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records or statements to get such false or fraudulent claims paid or approved. As a result of the said actions of MAJOR and those persons and entities acting directly or indirectly in concert with MAJOR, Medicare/Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by MAJOR that caused Medicare/Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section, which MAJOR knew would be utilized by Medicare/Medicaid in paying or approving claims for such drugs and using the inflated spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of MAJOR's representations was utilized by Medicare/Medicaid in paying or approving claims for the drugs, including those specified in this Section.

233. During the entire period of time specified in this section, MAJOR knowingly caused its false or fraudulent price and cost representations to be reported by Red Book, Blue Book and First DataBank's Automated Services and Medispan and further made or used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to the Medicare/Medicaid. MAJOR made and/or caused to be made approximately 24,536,159 false statements in the form of false or fraudulent price and costs representations to the state Medicaid Programs and the Medicare Program.

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234. By way of example, MAJOR's price and cost representations for certain of the drugs in question, as reported by MAJOR are shown in the following chart. In comparison, the amount listed under the Relator's Cost column reflects the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the spread on the drugs was correspondingly greater than the spread on the same drugs available to the Relator. A listing of drugs with respect to which MAJOR knowingly caused Medicare/Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibits "1"** (Medicaid) and **"2"** (Medicare/Medicaid) attached hereto.

235. As a result of MAJOR'S actions as alleged herein, the UNITED STATES has sustained damages, and MAJOR is liable to the United States for civil penalties and treble damages as provided by the False Claims Act.

**SECTION NO. 26
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
MYLAN PHARMACEUTICALS AS TO MEDICAID**

236. From on or before December 31, 1994 and continuing through the present date, MYLAN knowingly caused Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false records statements to get such false or fraudulent claims paid or approved. As a result of the said actions of MYLAN and those persons and entities acting directly or indirectly in concert with MYLAN, Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by MYLAN that caused Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section which MYLAN knew would be utilized by Medicaid in paying or approving claims for such drugs and using the inflated Spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of MYLAN'S false representations was utilized by Medicaid in paying or approving claims for the drugs, including those specified in this Section.

237. During the entire period of time specified in this Section, MYLAN knowingly caused its false or fraudulent price and cost representations to be reported by the recognized price publishing compendia known as Red Book, Blue Book and First

DataBank's Automated Services and Medi-Span and further made or used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to Medicaid. MYLAN made or caused to be made approximately 202,900,186 false statements in the form of false or fraudulent price and cost representations to the state Medicaid Programs.

238. By way of example, MYLAN'S price and cost representations for certain of the drugs in question, as reported by MYLAN are shown in the following chart. In comparison, the amount listed under the Relator's Cost column represents the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the Spread on the drugs was correspondingly greater than the Spread on the same drugs available to the Relator. A listing of drugs with respect to which MYLAN knowingly caused Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibit "1"** (Medicaid only) attached hereto and incorporated herein by reference. Attached as **Exhibits "9"** and **"10"** are charts showing MYLAN's WACs and WEACs for certain of the drugs in question.

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Defendant's Yearly ALPRAZOLAM 0.5mg Tablets, 500s 00378-4003-05						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost <u>Contract Price</u>	Invoice Price to Wholesaler
1994			\$291.16 \$304.27			
1995	\$304.27	\$304.27	\$322.40			
1996	\$322.84	\$322.84	\$337.54			\$17.00
1997	\$345.09		\$345.09	\$11.87	\$8.20	\$11.16
1998	\$345.09		\$345.09	\$11.87	\$8.20	\$11.16
1999	\$345.09		\$362.34	\$11.87	\$6.47	\$11.16
2000	\$362.34		\$380.42 \$380.75	\$11.87	\$7.70	\$11.16
2001	\$380.75		\$494.60	\$11.87	\$7.30	\$11.16
2002	\$494.60		\$494.60		\$10.00	\$16.31
2003	\$494.60		\$494.60	\$27.66	\$24.74	\$26.74
2004	\$494.60		\$494.60		\$20.81	\$31.22

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.